

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER San Francisco Democratic County Central Committee			Date of This Filing <u>10/02/2018</u>	Date Stamp Page 1 of 3	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 742051	Report No. <u>100218</u>			
STREET ADDRESS					
CITY San Francisco	STATE CA	ZIP CODE 94111			
			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages <u>3</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/01/2018	Catherine Stefani for Supervisor 2018 San Francisco, CA 94108 ID# 1402502	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,000.00
10/01/2018	Committee to Elect Faauuga Moliga for School Board 2018 San Francisco, CA 94114 ID# 1401091	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00
10/01/2018	San Franciscans for the Arts Oakland, CA 94612 ID# 1386300	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER San Francisco Democratic County Central Committee			Date of This Filing 10/02/2018	Date Stamp Page 2 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 742051		Report No. 100218		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY San Francisco	STATE CA	ZIP CODE 94111	No. of Pages 3		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/01/2018	Strengthen our Seawall for Earthquakes and Disasters, Yes on Prop A Sacramento, CA 95815 ID# 1402245	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00
10/01/2018	Unite Here Local 2 PAC San Francisco, CA 94102 ID# 1243324	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00
10/01/2018	United Educators Of San Francisco Candidate PAC San Francisco, CA 94133 ID# 1311218	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$40,000.00

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER San Francisco Democratic County Central Committee			Date of This Filing 10/02/2018 Report No. 100218 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 3	Date Stamp Page 3 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable) 742051			
STREET ADDRESS					
CITY San Francisco	STATE CA	ZIP CODE 94111			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: